

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 02/17/2011  
FORM APPROVED  
OMB NO. 0938-0391

45th 4/03/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445076	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  02/15/2011
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, MCMINNVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the corridor doors.</p> <p>The findings include:</p> <p>(1) Observation of the 300 hall smoke doors by room 316 on 2/15/11 at 10:11 AM, revealed during the fire drill the doors did not release upon the activation of the fire alarm system. The staff close the doors during the fire drill. National Fire Protection Association (NFPA) 101, 8.3.4.3</p> <p>(2) Observations of Resident rooms 100, 110, and 115 on 2/15/11 at 10:32 AM, revealed the</p>	K 018	<p>K 018</p> <p>The Maintenance Supervisor replaced the magnetized door closure on the smoke door located on Station Three on 2/15/2011. The Maintenance Supervisor removed trash cans holding open doors in rooms 100, 110 &amp; 115 on 2/15/2011. On 2/15/2011 Maintenance Supervisor and Maintenance Assistant check all doors in center for trash cans holding open doors. All employees in-serviced on not placing trash cans in front of doors on 2/25/2011. Maintenance Supervisor and Maintenance Assistant will monitor Station Three hundred fire doors during monthly fire drills for proper closure. Maintenance Supervisor and Maintenance Assistant will QA trash cans in front of doors weekly for four weeks, and then monthly for three months to ensure substantial compliance. Results will be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).</p> <p>Completion Date: 2/25/2011</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 02/17/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/15/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>NHC HEALTHCARE, MCMINNVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 018	Continued From page 1 doors were being held open with trash cans. National Fire Protection Association (NFPA) 101, 7.2.1.4.1  These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/15/11.	K 018			
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4  This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the smoke barriers.  The findings include:  Observations of the areas above the smoke doors by room 118, 400 hall, and the kitchen service hall revealed penetrations in the walls. National Fire Protection Association (NFPA) 101, 8.2.3.2.3.1  These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/15/11.	K 025	K 025  The Maintenance Supervisor and Maintenance Assistant sealed penetrations above the smoke doors by room 118, 400 hall, and the kitchen service hall on 2/15/2011 with Flame Stopper, Smoke, Fire & Draft Stop. The Maintenance Supervisor and Maintenance Assistant will check smoke walls monthly for three months and then quarterly for nine months to ensure substantial compliance. Results will be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).  <b>Completion Date:</b>		2/15/2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/17/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445076	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  02/15/2011
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, MCMINNVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the exit access.</p> <p>The findings include:</p> <p>Observation during the fire drill on 2/15/11 at 10:05 AM, revealed the 400's exit door required more then 15 lbs of force to open the door. National Fire Protection Association (NFPA) 101, 7.5.1.1</p> <p>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/15/11.</p>	K 038	<p>K 038</p> <p>The Maintenance Assistant repaired the 400 hall exit doors where they did not require more than 15 lbs. of force to open. Repaired doors were demonstrated as opening with less than 15 lbs. of force to surveyors on 2/15/2011. Maintenance Supervisor and/or Maintenance Assistant will test 400 hall exit doors monthly times three months and then quarterly times nine months to ensure substantial compliance. Results will be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).</p> <p>Completion Date: 2/15/2011</p>		
K 050 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p>	K 050			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 02/17/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/15/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>NHC HEALTHCARE, MCMINNVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 050	Continued From page 3 This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed the fire drill.  The findings include:  Observations during the fire drill on 2/15/11 at 10:00 AM, revealed the staff failed to announce the location of the fire and failed to activate the fire alarm system. National Fire Protection Association (NFPA) 101, 19.2.3  This findings was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/15/11.	K 050	K 050  The Administrator in-serviced all staff on 2/25/2011 on the center's fire procedures to include announcing location of fire and pulling of fire station. Fire drills will be conducted weekly times four (4) weeks and then monthly on-going to ensure substantial compliance. Results will be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).		
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10  This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the fire extinguishers.  The findings include:  Observation of the kitchen area on 2/15/11 at 9:00 AM, revealed a fire extinguisher was blocked with a cart. National Fire Protection Association (NFPA) 10, 1.6.3  This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/15/11.	K 064	K 064  Completion Date: 3/18/2011  The Maintenance Supervisor removed the cart on 2/14/2011. The Administrator in-serviced all staff on not blocking fire extinguishers with carts, equipment, wheelchairs, etc. on 2/25/2011. The Maintenance Supervisor and Maintenance Assistant will check all fire extinguishers for freedom of access weekly times four weeks and then monthly times four (4) months to ensure substantial compliance. Results will be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).  Completion Date: 2/25/2011		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/17/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/15/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>NHC HEALTHCARE, MCMINNVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 067 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the Heating, Ventilating, and Air Conditioning System (HVAC).</p> <p>The findings include:</p> <p>(1) Observations of the kitchen mop room on 2/15/11 at 9:55 AM, revealed no exhaust fan was installed in the room. National Fire Protection Association (NFPA) 101, 19.5.2.1</p> <p>(2) Observation of the kitchen mop room on 2/15/11 at 9:57 AM, revealed the door did not close with-in the frame. NFPA 101, 19.5.2.1</p> <p>(3) Observations of the 300 hall biohazard room and the class room/medical records rooms on 2/15/11 at 10:10 AM, revealed the exhaust fans were not working. NFPA 101, 19.5.2.1</p> <p>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/15/11.</p>	K 067	<p><b>K 067</b></p> <p>Maintenance Supervisor ordered exhaust fan for Kitchen mop room on 2/15/2011 and was installed by Taylor Heating and Air on 3/1/2011. Maintenance Supervisor and Maintenance Assistant checked all exhaust fans on 2/15/2011. The Maintenance Supervisor and Maintenance Assistant will check all exhaust fans monthly times four months to ensure substantial compliance. Results will be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).</p> <p>Maintenance Assistant repaired kitchen mop room door on 2/15/2011. Maintenance Supervisor and Maintenance Assistant checked all doors in center for proper closing on 2/15/2011. Maintenance Supervisor and Maintenance Assistant will check doors in center monthly times 4 months to ensure substantial compliance. Results will be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).</p>		
K 141 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2.</p>	K 141			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/17/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/15/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>NHC HEALTHCARE, MCMINNVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 141	Continued From page 5  This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the no smoking signs.  The findings include:  Observation of station 2 med room on 2/15/11 at 10:25 AM, revealed a cylinder of oxygen stored in the room with no precautionary sign posted on the door. National Fire Protection Association (NFPA) 99, 8.6.4.2  This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/15/11. NFPA 101 LIFE SAFETY CODE STANDARD	K 141	<b>K 067 Continued.</b>  Exhaust fans for classroom and medical records office were replaced on 2/18/2011. Exhaust fan for 300 bio- hazard room was replaced by Taylor's Heating and Air on 3/4/2011. Maintenance Supervisor and Maintenance Assistant will check all exhaust fans monthly times four months to ensure substantial compliance. Results will be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).  <b>Completion Date:</b>	3/04/2011	
K 147 SS=E	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to maintain the electrical system.  The findings include:  (1) Observation of the kitchen on 2/15/11 at 10:00 AM, revealed the electrical panel was blocked with equipment. National Fire Protection Association (NFPA) 70, 110-26(a)  (2) Observation of the Director of Nurses office on 2/15/11 at 10:05 AM, revealed two power strips were connected in tandem. NFPA 70, 240-4	K 147	<b>K 141</b>  O2 tank was removed immediately by Station Two Charge Nurse. On 2/15/2011, Maintenance Assistant checked all rooms in facility for oxygen usage without appropriate signage. None found. The Administrator in- served all staff on 2/25/2011 on use of "No Smoking" signs where oxygen is in use or stored. Maintenance Director & Maintenance Assistant to check all rooms for appropriate "No Smoking" signs weekly for four weeks and then monthly for four months to ensure substantial compliance.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/17/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/15/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>NHC HEALTHCARE, MCMINNVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 147	Continued From page 6  These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/15/11.	K 147	<b>K 141 Continued.</b> Results will be reported to the QA Committee (Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing).  <b>Completion Date:</b> 2/25/2011  <b>K 147</b> The Maintenance Director immediately removed the equipment that was blocking the electrical panel on 2/15/2011. On 2/15/2011, Maintenance Assistant checked all electrical panels in center to assure compliance. The Administrator in-serviced all staff on 2/25/2011 on not blocking electrical panels (i.e. equipment, wheelchairs, etc...). Maintenance Supervisor and Maintenance Assistant to check electric panels weekly for four weeks and monthly for four months to ensure substantial compliance.  The Maintenance Director removed one of the power strips in the nursing office on 2/15/2011. On 2/15/2011, The Maintenance Assistant checked all office areas and patient rooms for tandem power strips and corrected accordingly.		